



**MARYLAND STATE WRESTLING ASSOCIATION**  
**All-Academic Team Nomination Form**



**FORMS DUE BY 7:00PM MARCH 5<sup>TH</sup>, 2012 – DO NOT SEND AFTER!!!**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School Name: \_\_\_\_\_

Current GPA: \_\_\_\_\_ (Weighted) \_\_\_\_\_ (Unweighted)

Class Rank (if Available): \_\_\_\_\_

SAT/ACT Score (if Available): \_\_\_\_\_

End of Season Weight Class: \_\_\_\_\_

Academic Honors:

Athletic Honors:

Any Other Information (Service Experience, Work Experience, etc.):

**Send completed forms to:**

[TeeJay254@aol.com](mailto:TeeJay254@aol.com)

CHECK THE MSWA WEBSITE FOR LAST MINUTE UPDATES  
INCLUDING INFORMATION ON THE SPECIAL CLINIC

[WWW.MARYLANDWRESTLING.ORG](http://WWW.MARYLANDWRESTLING.ORG)

